

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILED DATE

10762055 01/20/08

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5	1					
6		1				
7		1				
8	1					
9		4				
10		11				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.		16				
TOTAL CLAIMS	4	16				

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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TOTAL CLAIMS						